



IMPROVEMENT ACTION PLAN

Employee: [REDACTED]
 Job Title: Account Executive
 Employee ID: [REDACTED]

Department: RSAG
 Supervisor: Jared Kirkpatrick
 Date: 10/4/2012

I: Summary of improvement needed

As you are aware, the minimum quota each Account Executive must achieve is 10 contract approvals (locations) per month, a sales volume of \$2,400,000 per month, a year to date total revenue percentage of 80% - 100%, and various lease, equipment, and BLT penetration percentages.

Over the last two months you have not achieved this minimum quota. Specifically, during the last two months, your sales production was as follows:

Month	Approved Accounts	Approved Volume	YTD Total Revenue
July 2012	1	\$24,000	18%
August 2012	7	\$2,950,000	19%
September 2012	3	\$1,130,000	TBD%

The problem areas are outlined below as well as what you must do to improve. You are being placed on an Improvement Action Plan for 90 days, October 4, 2012 – January 4, 2013.

II. Detail of issue(s)

Issue #1: Inadequate prospecting and appointment generation.

Goal or Expectation: Generate and record in SFDC three quality opportunities daily with follow up tasks.

Action Plan:

1. Complete 30 cold calls daily to schedule 3 leads.
2. Visit 3 clients daily to generate 1 M2M referral.
3. Complete the daily referral and cold call log and submit every day.

Issue #2: Not meeting Company Sales Objectives of 10 approved locations, 2.7 Million approved volume, and \$3,300 in Net Equipment Revenue

Goal or Expectation: 10 approved accounts, 2.7 million approved Volume, and \$3,300 net equipment revenue monthly is expected.

Action Plan:

1. Complete daily pipeline/lead specialist report (separate document) listing the 30 businesses you visited each day emailed by 7:00 pm each day.
2. Generate 3 new appointments/opportunities a day

EXHIBIT
19

III. Follow-up/ IAP Policies

We will meet on a weekly basis to discuss your progress. These meetings are a shared responsibility. If you are unable to make a scheduled meeting time, it is your responsibility to reschedule.

You need to come to our meetings prepared to:

- Show the results of your work
- Explain what you did to accomplish the goals in order to help replicate success in the future
- If any goal was not met, you need to explain why it was not completed
- Discuss further opportunities for improvement
- Ask questions and discuss any additional guidance or support required for you to successfully complete the action items

This Improvement Action Plan will remain in effect for **90 days**. This document and your progress will be reviewed periodically during this time period. If at any time during this period you have failed to meet the above objectives, your employment may be terminated. If you consistently meet the above objectives for the entire length of the plan, this Improvement Action Plan will be discontinued. In addition, you must sustain improved performance in the future. Failure to meet and sustain the objectives of this plan, or other performance issues occurring at any time during or after this plan, will result in further corrective action, up to and including the immediate termination of your employment. **During and after this plan, your employment remains at will and either you or the company can terminate your employment for any reason.**

Any employee on a current Improvement Action Plan (IAP) may not be eligible for a merit increase.

Additionally, you cannot post for other positions or be promoted during the term of your plan.

Statement of Understanding:

I understand that my signature is acknowledgement that I have discussed this document with my manager. I have read and understand the document and realize that I have placed my position in jeopardy. I realize the course of action that will be taken if I am unable to successfully meet these expectations. I have been given a copy for my records. A facsimile, photocopy or PDF signature will have the same force and effect as the original.

Employee Signature: _____ Date: _____

Manager's Signature: _____ Date: _____

Human Resources: _____ Date: _____



IMPROVEMENT ACTION PLAN

Employee: [REDACTED]	Department: RSAG
Job Title: Account Executive (Associate Quota)	Supervisor: Jared Kirkpatrick
Employee ID: [REDACTED]	Date: 10/4/2012

I. Summary of Improvement needed

As you are aware, the minimum quota each Account Executive must achieve is 6 contract approvals (locations) per month, a sales volume of \$1,400,000 per month, a year to date total revenue percentage of 80% - 100%, and various lease, equipment, and Payment Essentials penetration percentages.

Over the last three months you have not achieved this minimum quota. Specifically, during the last three months, your sales production was as follows:

Month	Approved Accounts	Approved Volume	YTD Total Revenue
July 2012	3	\$210,000	NH Quota
August 2012	5	\$302,000	36%
September 2012	1	\$170,000	TBD%

The problem areas are outlined below as well as what you must do to improve. You are being placed on an Improvement Action Plan for **90 days**, October 4, 2012 – **January 4, 2013**.

II. Detail of Issue(s)

Issue #1: Inadequate prospecting and appointment generation.

Goal or Expectation: Generate and record in SFDC two quality opportunities daily with follow up tasks.

Action Plan:

1. Complete 30 cold calls daily to schedule 3 leads.
2. Every day complete and submit the cold call and merchant referral report.

Issue #2: Not meeting Company Sales Objectives of 6 approved locations, 1.4 Million approved volume, and \$1,700 in Net Equipment Revenue

Goal or Expectation: 6 approved accounts, 1.4 million approved Volume, and \$1,700 net equipment revenue monthly is expected.

Action Plan:

1. Complete daily pipeline/lead specialist report (separate document) listing the 30 businesses you visited each day emailed by 7:00 pm each day.
2. Generate 3 new appointments/opportunities a day

Issue #3: Not completing AE Boot Camp on Schedule.

Goal or Expectation: 100% completion of all assignments with a 90% or better score.

Action Plan:

1. Complete all AE Boot Camp assignments in the week assigned.
2. If an assignment cannot be completed on time due to technical issues email Shannon Troccoll promptly and CC me. You are still expected to complete all assignments.
3. Failure to complete these assignments will lead to your suspension from Sales Academy.

III. Follow-up/ IAP Policies

We will meet on a weekly basis to discuss your progress. These meetings are a shared responsibility. If you are unable to make a scheduled meeting time, it is your responsibility to reschedule.

You need to come to our meetings prepared to:

- Show the results of your work
- Explain what you did to accomplish the goals in order to help replicate success in the future
- If any goal was not met, you need to explain why it was not completed
- Discuss further opportunities for improvement
- Ask questions and discuss any additional guidance or support required for you to successfully complete the action items

This Improvement Action Plan will remain in effect for 90 days. This document and your progress will be reviewed periodically during this time period. If at any time during this period you have failed to meet the above objectives, your employment may be terminated. If you consistently meet the above objectives for the entire length of the plan, this Improvement Action Plan will be discontinued. In addition, you must sustain improved performance in the future. Failure to meet and sustain the objectives of this plan, or other performance issues occurring at any time during or after this plan, will result in further corrective action, up to and including the immediate termination of your employment. **During and after this plan, your employment remains at will and either you or the company can terminate your employment for any reason.**

Any employee on a current Improvement Action Plan (IAP) may not be eligible for a merit increase.

Additionally, you cannot post for other positions or be promoted during the term of your plan.

Statement of Understanding:

I understand that my signature is acknowledgement that I have discussed this document with my manager. I have read and understand the document and realize that I have placed my position in jeopardy. I realize the course of action that will be taken if I am unable to successfully meet these expectations. I have been given a copy for my records. A facsimile, photocopy or PDF signature will have the same force and effect as the original.

Employee Signature: _____ Date: _____

Manager's Signature: _____ Date: _____

Human Resources: _____ Date: _____



IMPROVEMENT ACTION PLAN

Employee: [REDACTED]	Department: RSAG
Job Title: Account Executive	Supervisor: Jared Kirkpatrick
Employee ID: [REDACTED]	Date: 11/12/2012

I. Summary of Improvement needed

As you are aware, the minimum quota each Account Executive must achieve is 10 contract approvals (locations) per month, a sales volume of \$2,400,000 per month, a year to date total revenue percentage of 80% - 100%, and various lease, equipment, and Payment Essentials penetration percentages.

Over the last three months you have not achieved this minimum quota. Specifically, during the last three months, your sales production was as follows:

Month	Approved Accounts	Approved Volume	YTD Total Revenue
August 2012	3	\$206,000	79%
September 2012	3	\$422,000	70%
October 2012	1	\$81,000	TBD%

The problem areas are outlined below as well as what you must do to improve. You are being placed on an Improvement Action Plan for **90 days**, November 13, 2012 – **February 13, 2013**.

II. Detail of Issue(s)

Issue #1: Inadequate prospecting and appointment generation.

Goal or Expectation: Generate and record in SFDC three quality opportunities daily with follow up tasks.

Action Plan:

1. Complete 30 cold calls daily to schedule 3 leads.
2. Complete the attached merchant prospecting list daily.
3. Continue attending weekly scheduled One on Ones to discuss your progress.

Issue #2: Not meeting Company Sales Objectives of 10 approved locations, 2.7 Million approved volume, and \$3,300 In Net Equipment Revenue

Goal or Expectation: 10 approved accounts, 2.7 million approved Volume, and \$3,300 net equipment revenue monthly is expected.

Action Plan:

1. Complete daily pipeline/lead specialist report (separate document) listing the 30 businesses you visited each day emailed by 7:00 pm each day.
2. Generate 3 new appointments/opportunities a day

III. Follow-up/ IAP Policies

We will meet on a weekly basis to discuss your progress. These meetings are a shared responsibility. If you are unable to make a scheduled meeting time, it is your responsibility to reschedule.

You need to come to our meetings prepared to:

- Show the results of your work
- Explain what you did to accomplish the goals in order to help replicate success in the future
- If any goal was not met, you need to explain why it was not completed
- Discuss further opportunities for improvement
- Ask questions and discuss any additional guidance or support required for you to successfully complete the action items

This Improvement Action Plan will remain in effect for **90 days**. This document and your progress will be reviewed periodically during this time period. If at any time during this period you have failed to meet the above objectives, your employment may be terminated. If you consistently meet the above objectives for the entire length of the plan, this Improvement Action Plan will be discontinued. In addition, you must sustain improved performance in the future. Failure to meet and sustain the objectives of this plan, or other performance issues occurring at any time during or after this plan, will result in further corrective action, up to and including the immediate termination of your employment. **During and after this plan, your employment remains at will and either you or the company can terminate your employment for any reason.**

Any employee on a current Improvement Action Plan (IAP) may not be eligible for a merit increase.

Additionally, you cannot post for other positions or be promoted during the term of your plan.

Statement of Understanding:

I understand that my signature is acknowledgement that I have discussed this document with my manager. I have read and understand the document and realize that I have placed my position in jeopardy. I realize the course of action that will be taken if I am unable to successfully meet these expectations. I have been given a copy for my records. A facsimile, photocopy or PDF signature will have the same force and effect as the original.

Employee Signature: _____ Date: _____

Manager's Signature: _____ Date: _____

Human Resources: _____ Date: _____